



Good Life Education

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REGISTRATION FORM

CLIENT INFORMATION (Confidential)

First Name:			Last Name:		
Birth Date:	Age:	Gender: M/F	Telephone:		
Address:					
Suburb:				Postcode:	
Day Care/ Kinder/ School Name, Address & Contact number (if applicable)				Year Level:	

PARENT/GUARDIAN INFORMATION

First Name:	
Last Name:	
Street Address:	
Suburb:	Postcode:
Home & Mobile Phones:	
Email:	

EMERGENCY CONTACT	
Full Name:	
Phone:	
Relationship to Participant:	
Doctors Name, Address & Contact Number:	

1. What type of disability does the participant have? And what is the level of severity: mild, moderate or severe?

2. Briefly describe the impact the disability has on the participant.

3. Are there any special requirements needed for the participant to receive our support services?
Eg. Interpreter

4. Does the participant have any medical conditions, allergies or health related needs like diabetes, asthma, anaphylaxis etc? Yes / No
If yes, then please provide details

5. What development and education areas would you like support with?

6. Is there anything else that you would like to mention?

Participant/ Parent / Guardian Signature: _____

Date: _____

We look forward to working with you. Thank You.

Khadeejah Anderson